## **Annotated Case Report Form (aCRF)**

Patient ID:
Visit Date:
Age: Sex: Race:
Annotation: (DM Domain - STUDYID, USUBJID, AGE, SEX, RACE, RFSTDTC)
Adverse Events Page Event Term:
Start Date: End Date:
Severity: Outcome:
Annotation: (AE Domain – AETERM, AESTDTC, AEENDTC, AESEV, AESER, AEOUT)
Lab Test:
Collection Date:
Result Value: Units: Normal Range:
Annotation: (LB Domain – LBTEST, LBDTC, LBORRES, LBORRESU, LBNRIND)
Concomitant Medications Page  Medication Name:
Start Date: End Date:
Dose:
Annotation: (CM Domain – CMTRT, CMSTDTC, CMENDTC, CMDOSU, CMDOSFRQ, CMROUTE)